PATENT

Attorney Docket No.: 85ER-00118

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Dhar Solanki, et al.

: Art Unit: 3626

Serial No.:

10/677,930

: Examiner: Rapillo, Kristine K

Filed:

October 2, 2003

For:

SYSTEMS AND METHODS FOR

QUOTING REINSURANCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

Amendment Transmittal (3 pages)

Amendment in Response to Final Office Action dated May 20, 2008 (19 pages)

STATUS

2.	Applicar	nt ender
		claims small entity status.
	\boxtimes	is other than a small entity

EXTENSION OF TERM

3.	The proceedings happly.	ngs herein are for a patent application and the provisions of 37 C.F.R. 1.136								
		(complete (a) or (b), as applicable)								
	(a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)									
		xtension for response	C	Other than small entity Fee	Small entity Fee (if applicable)					
	X	first month	\$	120.00	\$ 60.00					
		second month	\$	460.00	\$ 230.00					
		third month	\$	1,050.00	\$ 525.00					
		fourth month	\$	1,640.00	\$ 820.00					
		fifth month	\$	2,230.00	\$1,115.00					
				Fee:	\$120.00					
If an additional extension of time is required, please consider this a petition therefor.										
(Check and complete the next item, if applicable)										
An extension of months has already been secured. The fee paid therefore \$ is deducted from the total fee due for the total months of extension now requested.										
Extension fee due with this request \$										
	OR									
	Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.									

FEE FOR CLAIMS

⊠ No ac		r Claims is	·	OR OR	ADDITIONAL RATE FEE x \$50.00 = \$ x \$210.00 = \$ +\$370.00 = \$ TOTAL ADDITIONAL FEE \$	
MINUS T PRESENTATION O	of MULTIPLE DEP. o	r Claims is	x \$25.00 = \$ x \$105.00 = \$ + \$185.00 = \$ TOTAL ADDITIONAL FEE \$ required		x \$50.00 = \$ x \$210.00 = \$ + \$370.00 = \$ TOTAL ADDITIONAL	
T PRESENTATION (DE MULTIPLE DEP. (r Claims is	+\$185.00 = \$ TOTAL ADDITIONAL FEE \$ required	OR	+ \$370.00 = \$ TOTAL ADDITIONAL	
⊠ No ac	lditional fee fo	r Claims is	TOTAL ADDITIONAL FEE \$ required	OR	TOTAL ADDITIONAL	
_		OR	required	OR		
_		OR	·			
☐ Total	additional fee					
☐ Total	additional fee	for claims				
			required \$			
	FEE	PAYMEN	Т			
Attached is a	check in the s	um of \$	and the second s			
Charge Deposit Account No. 01-2384 the sum of \$120.00. A duplicate of this transmittal is attached.						
	FEE D	EFICIEN (CY			
6. If any additional extension and/or fee is required, charge Deposit Acco						
	A	ND/OR				
If any addition 2384.	onal fee for clai	ims is requ	ired, charge Deposi	it Acc	ount No. 01-	
Other:						
		Reg AR One	niel M. Fitzgerald g. No. 38,880 MSTRONG TEAS & Metropolitan Squa	DALE	E LLP	
			Reg AR One St. 1	Daniel M. Fitzgerald Reg. No. 38,880 ARMSTRONG TEAS One Metropolitan Squa St. Louis, MO 63102	Reg. No. 38,880 ARMSTRONG TEASDALI One Metropolitan Square, S	